

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212513047				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: JOE MORTEN & SON, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN K MESSERSMITH IV 901 MOOREFIELD PARK DR STE 200 RICHMOND, VA 23236</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2012</p> <p>SCC ID NO: F1547258</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1100 WEST 29TH ST BOX 277</p> <p style="text-align: center;">CITY/ST/ZIP: SOUTH SIOUX CITY, NE 68776</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES E. ARENDS TITLE: VICE PRESIDENT ADDRESS: 1100 WEST 29TH STREET CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES E. ARENDS TITLE: VICE PRESIDENT ADDRESS: 1100 WEST 29TH STREET CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: JAMES E. ARENDS TITLE: VICE PRESIDENT ADDRESS: 1100 WEST 29TH STREET CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARY E. BONGARD TITLE: VICE PRESIDENT ADDRESS: 624 SIX FLAGS DRIVE, #240 CITY/ST/ZIP/CO: ARLINGTON, TX 76011 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARY E. BONGARD TITLE: VICE PRESIDENT ADDRESS: 624 SIX FLAGS DRIVE, #240 CITY/ST/ZIP/CO: ARLINGTON, TX 76011	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: MARY E. BONGARD TITLE: VICE PRESIDENT ADDRESS: 624 SIX FLAGS DRIVE, #240 CITY/ST/ZIP/CO: ARLINGTON, TX 76011	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RANDALL J EIDE TITLE: VICE PRESIDENT ADDRESS: 1100 W 29TH ST CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RANDALL J EIDE TITLE: VICE PRESIDENT ADDRESS: 1100 W 29TH ST CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: RANDALL J EIDE TITLE: VICE PRESIDENT ADDRESS: 1100 W 29TH ST CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID J. ERLANDSON TITLE: VICE PRESIDENT ADDRESS: 3311 DANIELS LANE CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID J. ERLANDSON TITLE: VICE PRESIDENT ADDRESS: 3311 DANIELS LANE CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: DAVID J. ERLANDSON TITLE: VICE PRESIDENT ADDRESS: 3311 DANIELS LANE CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS A. KOENIGS TITLE: VICE PRESIDENT ADDRESS: 1100 WEST 29TH STREET CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS A. KOENIGS TITLE: VICE PRESIDENT ADDRESS: 1100 WEST 29TH STREET CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: THOMAS A. KOENIGS TITLE: VICE PRESIDENT ADDRESS: 1100 WEST 29TH STREET CITY/ST/ZIP/CO: SOUTH SIOUX CITY, NE 68776	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT E. RIMMELE TITLE: VICE PRESIDENT ADDRESS: 6747 SOUTH KINGERY HIGHWAY CITY/ST/ZIP/CO: WILLOWBROOK, IL 60527 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT E. RIMMELE TITLE: VICE PRESIDENT ADDRESS: 6747 SOUTH KINGERY HIGHWAY CITY/ST/ZIP/CO: WILLOWBROOK, IL 60527	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: ROBERT E. RIMMELE TITLE: VICE PRESIDENT ADDRESS: 6747 SOUTH KINGERY HIGHWAY CITY/ST/ZIP/CO: WILLOWBROOK, IL 60527	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				

NAME:	CARL A. RITTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2030 FALLING WATER RD., SUITE 300		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37922		
NAME:	KEVIN S. SHERRITZE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2030 FALLING WATER RD., SUITE 300		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37922		
NAME:	PATRICK J STOREY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3108 104TH STREET		
CITY/ST/ZIP/CO:	URBANDALE, IA 50322		
NAME:	JAMES T. TWEDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3108 104TH STREET		
CITY/ST/ZIP/CO:	URBANDALE, IA 50322		
NAME:	FRANK J. WHITING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1100 WEST 29TH STREET		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776		
NAME:	GLADE R. WILKES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2601 FORTUNE CIRCLE EAST, SUITE 100A		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46241		
NAME:	CRAIG A. POSSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1100 WEST 29TH STREET		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776		
NAME:	GAYLEN L TENHULZEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1100 WEST 29TH STREET		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776		
NAME:	MARY E. ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	1100 WEST 29TH STREET		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776		
NAME:	HUGH H FUGLEBERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB		
ADDRESS:	1100 WEST 29TH ST		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776		
NAME:	JAMES D. JENSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1100 WEST 29TH STREET		
CITY/ST/ZIP/CO:	SOUTH SIOUX CITY, NE 68776		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Randall J. Oligmueller PRESIDENT 3311 Daniels Lane South Sioux City, NE 68776	<input checked="checked" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CRAIG A. POSSON	CRAIG A. POSSON, SECRETARY	4/11/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			